

Jason Kander Secretary of State

2013-2014 BIENNIAL REGISTRATION REPORT

BUSINESS

File Number: 201401480374

01182457

Date Filed: 01/14/2014

Jason Kander

Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: 02/28/2014

01182457

O'Kelley's at the Ballpark Inc.

Ervin, Lance

756-758 South 4th St.

St. Louis, MO 63102

RENEWAL MONTH:
November

I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO _____ FOR A \$25.00 FEE.

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:

756-58 South 4th St. (Required)
STREET

St Louis, MO **63102**
CITY/STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>(MUST LIST PRESIDENT AND SECRETARY BELOW)</u> A		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>(MUST LIST AT LEAST ONE DIRECTOR BELOW)</u> B	
PRES lance ervin (Required)		NAME andrea ervin (Required)	
STREET/RT 756-58 South 4th		STREET/RT 756-58 South 4th	
CITY/STATE/ZIP st louis, MO 63102		CITY/STATE/ZIP St Louis, MO 63102	
V-PRES		NAME	
STREET/RT		STREET/RT	
CITY/STATE/ZIP		CITY/STATE/ZIP	
SEC'Y andrea ervin (Required)		NAME	
STREET/RT 756-58 South 4th st		STREET/RT	
CITY/STATE/ZIP st louis, MO 63102		CITY/STATE/ZIP	
TREAS		NAME	
STREET/RT		STREET/RT	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here andrea ervin (Required)

Please print name and title of signer: andrea ervin / secretary
NAME TITLE

REGISTRATION REPORT FEE IS:

___ \$40.00 If filed on or before 2/28

___ \$55.00 If filed on or before 3/31

___ \$70.00 If filed on or before 4/30

___ \$85.00 If filed on or before 5/31

ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102